

From: Jesse Turner jesse@surfcupsports.com
Subject:
Date: December 17, 2020 at 11:54 AM
To: Jason Ash jash@surfsoccer.com

JT

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Thank you,

Jesse Turner
Operations
Surf Cup Sports
951-710-0876



39700 W. Civic Center Plaza
Maricopa, AZ 85138
Ph: 520.566.3099
Fax: 520.566.9120
www.maricopa-az.gov

CITY OF MARICOPA SPECIAL EVENT COVID MITIGATION FORM

Please complete and submit this form with your special event application

EVENT ORGANIZER NAME Surf Cup Sports
PHONE NUMBER 951-710-0876 EMAIL jesse@surfcupsports.com
EVENT NAME Surf Cup EVENT DATE 12/27-12/28
EVENT ADDRESS _____ 11-1/4

The minimum mitigation measures required to host your public event of more than 50 guests within the City of Maricopa are listed below. Please review and check each box to indicate you agree to implement and enforce the following guidelines:

- ☒ Advise individuals to stay home if they are showing COVID-19 symptoms or have come into close contact with a person with COVID-19 symptoms in the past 14 days
- ☒ Provide sufficient hand sanitizer in visible areas for attendees
- ☒ Require use of masks for staff and vendors
- ☒ Highly recommend masks for attendees
- ☒ Maintain a physical distance of at least 6 ft. Should this proximity be impossible, then masks should be worn
- ☒ Post signage in highly visible locations that promote social distancing and masks
- ☒ Limit attendance or seating capacity to allow for social distancing if necessary
- ☒ Provide physical markings (i.e. tape, barriers, cones) to ensure individuals remain at least 6 ft. apart in lines

Describe additional mitigation measures in place at your event _____

CHECKLIST

- ☐ Complete the Arizona Department of Health (ADHS) Mitigation Measures form online [here](#). NOTE: Save PDF of receipt to email City of Maricopa. Click [here](#) to view sample
- ☐ Email a copy of this completed form to ADHS at HEOCLogistics@azdhs.gov
- ☐ Email a copy of this completed form AND PDF of ADHS confirmation receipt to the City of Maricopa with your Special Event Application to events@maricopa-az.gov

Special Event Application to <https://www.sportsandleisure.com/special-event>

By completing and signing this form, you are stating you agree and will adhere to the above listed terms.

Gesse [Signature]
EVENT ORGANIZER SIGNATURE

12/16/20
DATE



Field and Court
Reserv...ion.pdf

Athletic Field & Court Reservation Application

This field use permit grants the below named user access to the facilities described within this use permit. Non-permitted users using reserved facilities contained on this permit during the times detailed on this permit shall comply with the permit and allow the user full access to reserved facilities. For more information please call (520) 316-4605.

CUSTOMER INFORMATION

Name: Surf Cup Sports Home Phone: 951 710 0876
Address: 2037 Park Dale Lane Cell Phone: 11
City: Encinitas State: CA Zip Code: 92024 Alt Phone: 11
Birthdate: 11/9/73 E-mail: jesse@surfcupsports.com
Organization: _____

FIELD RESERVATION INFORMATION

Park: Pacana

Lights: ☒ Yes ☐ No Lights On: Yes Off: _____

Softball Field: Field #1 Field #2
Multi-Purpose: West East North
Tennis Court: Court #1 Court #2
Basketball Court: Court #1 Court #2

Date (s) of use: _____ Start Time: _____ End Time: _____ Field prep: \$125 \$ _____

Day of the Week Requested: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Park: Copper Sky Recreation Complex Lights: ☒ Yes ☐ No Lights On: Yes Off: _____

Softball Field: Field #2 Field #3 Field #4 Baseball Field
Multi-Purpose: Field #1 Field #2 Field #3 Field #4 Field #5 Field #6 Field #7 Field #8
Tennis Court: Court #1 Court #2 Court #3 Court #4 Court #5 Court #6 Court #7 Court #8
Volleyball Court: Court #1 Court #2 Court #3 Court #4 Court #5 Court #6 Court #7 Court #8

Date (s) of use: 12/27 Start Time: 9:00 End Time: 6:00 Paint Multi-Field \$125: \$ _____

Day of the Week Requested: ☒ Sunday ☒ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Facility Users Acknowledgement:

The undersigned, both individually and on behalf of the above-named applicant, agrees to indemnify, defend and hold the City of Maricopa and its officers, employees, and all agents harmless and free from any liability of any nature, including but not limited to, liability for damage or injury to any persons or property, costs and attorney's fees, arising out of or in connection with the use of City recreational facilities regardless of whether the City was actively or passively negligent, either solely or contributory in connection with such liability. I certify that I have received and read the rules and regulations in the public reservation and fee policy. I, the undersigned, do hereby agree that we will abide by the policies governing the use of this facility and will be responsible for any damages to the facility, furniture, or equipment caused by our occupancy of the premises. I understand that any violation of the alcohol use permit policies will result in immediate termination of our event. I also understand that falsification of any information related to this application is a violation of Chapter 18 of the City of Maricopa Municipal Code, subject to the penalties stated therein. The City of Maricopa reserves the right to close fields during inclement weather.

Signature _____

Date _____

Payment: Total Fee\$ _____ ☐ Cash ☐ Check # _____ ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Deposit: \$ _____ Date Received: _____ Date Returned: _____

Receipt Number: _____ Staff Approved: _____